

## PART B - FEE(S) TRANSMITTAL

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22428 7590 11/16/2006

**FOLEY AND LARDNER LLP**  
SUITE 500  
3000 K STREET NW  
WASHINGTON, DC 20007

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage in first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/912,869	07/25/2001	Peter A. Mottr	066441-0107	6274

TITLE OF INVENTION: METHODS AND SYSTEMS FOR NETWORKED CAMERA CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/16/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAO, ANAND SHASHIKANT	2621	348-142000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).	2. Printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	<input type="checkbox"/> FOLEY AND LARDNER LLP
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

#### (A) NAME OF ASSIGNEE

SMITHS DETECTION INC.

#### (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Newport, Rhode Island

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

#### 4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies

#### 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s); any deficiency, or credit any overpayment, to Deposit Account Number 19-0741 (enclose an extra copy of this form).

#### 5. Change In Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date Feb 15, 2007

Registration No. 32,904

148,892

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